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Customer Credit Application

GENERAL INFORMATION

Date Business Established: _____

Full legal name of business: _____

Street Address: _____ City: _____

State: _____ Zip + 4: _____ County: _____

Phone: _____ Fax: _____

E-mail: _____

Federal ID # _____ Sales Tax ID #: _____ State: _____

Classification: Proprietorship Partnership Corporation-State of _____

PRINCIPAL

(Include others on a separate page)

Name: _____ Title: _____

Address: _____ Phone: _____

SS#: _____

City/St/Zip: _____ Drivers Lic: _____ State: _____

BANK INFORMATION

Bank Name: _____ Contact Name: _____

Street Address: _____ Phone: _____

City/St/Zip: _____ Fax: _____

I hereby authorize the above named bank to release any banking information to Sassi Designs LLC.

BUSINESS REFERENCES

	<u>Name</u>	<u>City/State</u>	<u>Phone</u>	<u>Fax</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

(1) I certify that all of the above information is correct and that I personally have authority to incur liabilities in the position I hold at this company. I also certify that I am personally authorized to enter this agreement in the name of the Company. I understand that Sassi Designs LLC reserves the right to extend or deny credit to applicants it deems qualified based on findings written herein or otherwise determined.

(2) The entire balance of all credit accounts is due and payable according to the terms of the sale of each invoice. A late charge of 1 1/2% per month with a maximum fo 18% per annum will be assessed on the past due balance. If a delinquent account is placed in the hands of a licensed collector or attorney for collection or suit is instituted on the account, in addition to the amount of the account and the assessed finance charges, the undersigned agrees to pay all costs and reasonable collector's or attorney's fees. The undersigned agrees that all credit extended shall be deemed subject to the terms herein agreed upon.

Signer Name Printed: _____

Signature: _____

Title: _____ Date: _____